



ORAL HYGIENE

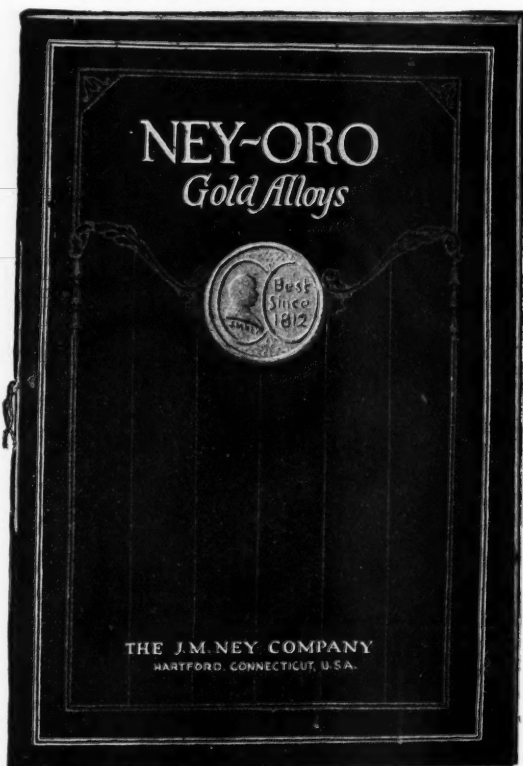
February, 1922

Vol. XII, No. 2

THE SECOND CARD OF THE DENTAL WELFARE SERIES	181
THE MENACE OF QUACKS IN DENTAL PRACTICE	182
<i>By George F. Burke, D.D.S.</i>	
INSTRUCTIONS TO PATIENTS	193
<i>By David A. Block, D.D.S.</i>	
A CONSIDERATION OF IMPACTIONS	199
<i>By Rea Proctor McGee, D.D.S., M.D.</i>	
ORAL HYGIENE SEPIA SECTION	209
THE NATIONAL MEETING	213
MUST LEGISLATORS BE LAWYERS?—AN ILLINOIS DENTIST IS CANDIDATE FOR STATE SENATE	214
<i>By Evaline Wright Nelson</i>	
A TALK WITH A MOTHERS' CLUB ON ORAL HYGIENE	216
<i>By Katherine F. Hollis</i>	
EDITORIALS	222
LOS ANGELES, 1922	
ITINERANTS	
THE ASSOCIATION OF MILITARY DENTAL SURGEONS OF THE UNITED STATES	
LAFFODONTIA	227

NEW EDITION

JUST FROM THE PRESS



The demand for "THE NEY-ORO BLUE BOOK," illustrating the uses of the Ney-Oro Series of dental alloys for Casting, Prosthodontia, Orthodontia, etc., has exhausted our first large edition. A second edition has been printed for those who have not yet received a copy of this practical and informative work.

FREE ON REQUEST



The J. M. NEY COMPANY
FOUNDED IN 1812
[Signature]
President
HARTFORD, CONNECTICUT, U.S.A.



ORAL HYGIENE

FOUNDED 1911

FEBRUARY, 1922

VOL. XII, No. 2

Temporary Teeth



IF the family interest in baby's first tooth could be made a permanent interest in all of baby's teeth, there would be more happy and healthy children in the world than there are today.

Every child needs every tooth every day. There is only one way to preserve the temporary teeth and that is by taking care of them *now*. Every tiny cavity must be cleaned and filled at once.

Deep cavities in baby teeth are dangerous because they may reach the pulp. If the pulp is exposed it will die and then the tooth may be lost. Those years in which the child depends upon its temporary teeth for mastication span the period of most rapid growth. Keep the baby teeth clean and healthy.

No. 2. Of a series of health talks, the text of which is approved by the National Dental Association.

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DENTAL WELFARE FOUNDATION
Pittsburgh, U.S.A.

This is the second Dental Welfare card of the series. It is being mailed this month to 445,141 families and will accordingly reach about 2,225,705 people. Its intent is to quicken the interest of the public in *all* of the teeth by drawing attention to the intense family interest in the first tooth.

The Menace of Quacks in Dental Practice

By GEORGE F. BURKE, D.D.S., Detroit, Michigan



Thousands of innocent people are lured annually into the nets of these charlatans.

THIS article consists of an attack, not on personal habits or tastes, but on fraud. The methods of dental quacks are herewith set forth without evasion or malice.

The writer has deep sympathy with those men, who, through circumstances, have found it necessary to take employment in quack offices.

The real culprits in dental quackery are the owners of these offices—upon their shoulders rest the responsibility for the unscrupulous methods employed in these places. The results of dental quackery are so far-reaching and so dangerous to the public health and welfare, and the methods so obnoxious and repellent to thoughtful people, that some benefit should result from a

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free discussion of these matters.

The very popular, able and much beloved Dr. C. N. Johnson, of Chicago, has been quoted as follows: "The quack dentist is just as bad as the quack physician. Both are capable of doing great harm as has been abundantly shown in the past. In most states, legislation has been enacted to protect the people against the quack physicians and a similar disposition is developing against the quack dentist.

"Reputable men either in medicine or dentistry do not hide behind high-sounding or misleading names. Their fictitious titles are merely bait to catch the unwary.

"It is the tendency of the age to expose fraud and wrong doing. Investigations are in progress all the while against commercial combinations and monopolies. How much more important it is to expose the wrong which hurts the health of the individual more than his pocket book. Suppressing quackery is the duty of legislatures in every state."

The contention that a quack dentist or the owner of an advertising office, may be as honest as regular dental practitioner is true. He may be. But if he told the truth about his service he would make no advertising profit.

No advertising dentist possesses any secret which the profession does not possess. He must "make believe" some unusual advantage or his advertising will not be profitable.

Criticism is not made of any dentist simply because he advertises, but the facts stand out clearly, that if he makes his offers in keeping with the truth, he will not attract new patients and for that reason dental advertising is overwhelmingly fraudulent in character.

People suffering from dental ailments are, as a rule, gullible. They are frequently depressed and discouraged and in no condition to analyze. They grab at straws and are lured to the quack, who makes it known through the newspapers that he is both cheap and painless. Strong inducements for the average sufferer from dental lesions!

In this matter of dental quackery, we purpose to reveal to you the conditions that exist in these establishments by statements of those who have worked there, month in and month out, year in and year out, and who really know what takes place in these offices, from personal experience. The names of the people setting forth this information are not revealed because they do not wish it known that they were employed by quacks.

A former Captain in the Medical Corps in France and a graduate both in medicine and dentistry has made the following statement which is of interest: "On my return from France in the summer of 1919, I searched for office space in Detroit but was unable to find anything that was even fairly satisfactory.

Having lost my office lease and equipment during the War, and being in the financial difficulties that gather in one's absence, I decided to enter the employ of one of Detroit's large quack offices, located near the center of the city.

"It was my agreement with my employer that I was to administer nitrous oxid, take impressions for rubber dentures and perform other duties. Quite a number of the dentists who were in the office at that time were ex-army men. It was through conversation with these men and by actual experience that I gained considerable knowledge of these offices.

"It might be well to state that this particular office is one of the best in the world. The policy of the management makes of it all that could be made of such an office. No expense is spared in the matter of equipment to make of it all that may be desired from the standpoint of appearance.

"The central idea in this office is that of production. As many chairs and operators are placed as the space permits and the work is crowded on to the operators with no regard as to the character of the service rendered. In advertising offices, dentists are called operators. Their work is confined to the chairs. The kind of work performed varies with the individual capacity. Some excel in bridgework and others in plate work.

"In advertising offices the employes are often forced to

do work for which they are not well suited. Often this work is contracted for by salesmen, who are not dentists. They hold their jobs because they make the most money for the house.

"The big advertising offices endeavor, so far as possible, to standardize their work. Gold crowns and rubber plates are the important products to these offices and the employers try to keep their men to this production because it is by far the most profitable. Every endeavor of the contractor is to make the cases conform to house productions. This factory plan of work causes a great deal of harm to teeth and also causes the operator to lose his personal interest in the case. It was aptly said, 'We might just as well have an adding machine and run them through with no regard for the individual needs of the case!'

"In fact, the loss of one's personality in these offices is a very important thing in a profession. I have yet to meet a good man in these offices who was not intensely dissatisfied with the association. A very intelligent man in this office made the assertion that though he had been employed there for the period of a year, he had never filled a root-canal. In other departments of his work he was competent.

"Services rendered in advertising offices are the same today as twenty years ago. Progress in ethical practice is the same as in other fields.



This quack stamps his foot, as a signal for the band to play, so the audience cannot hear his patient's cries.

"When I returned after an absence of a year and a half during the War, I found that so many changes had been made in dental work that it was necessary for me to take special instructions so as to enable me to keep abreast of the times. Advertising offices have not changed their methods in twenty years.

"The hours that an operator must work in the employ of the advertiser is a most depressing factor. Three days a week we were required to work eight hours, and the other three, ten hours each day. The result of such hours, in closely confined quarters, where the ventilation is poor, and frequently the breath of the patient is bad, means a

loss of health to the operator and poor work for the patient. Why it is that such hours are permitted is a mystery for, in other lines of labor, these working hours, under similar conditions, would be considered cruel.

"Another very important point is the compensation that the operator receives, and here lies the crucial factor in the failure of the operator to perform even good 'factory' service. The salary consists of twenty-five per cent of his total money receipts each week. Where a gold crown is sold for eight dollars the usual cost of the material is around one dollar. For his service the operator receives two dollars and five dollars goes to the

quack proprietor to aid in buying over-sized diamonds.

"Not long ago a strike of the operators in these quack offices was attempted. They organized among themselves and tried to have their commission raised from twenty-five to thirty-five per cent, but such was the power of the advertising dentists that they were able to break the strike.

"If the finances of the operators had been such at this time that they could have held out, they could have put all these quack establishments out of business. The means that the owners took to break up the strike were to discharge the men and to refuse them positions in other offices. In fact, each operator was listed and some were driven from the city through lack of employment. A combination was started to control the quack dental business in Detroit.

"It was the intention of this combination to drive out of business certain offices that they did not like, and to further their own interest in every way possible. They are able to control many of the men under them because they have spent many years in this work, and have become real members of the chain-gang. Long service in these establishments seems to deprive them of the necessary courage to break away from these associations.

"Such conditions are found in practically all advertising offices. Their first consideration, morning, noon and evening, is *get the money*. They

really believe that quantities of suckers are born every minute, and many of the methods that they employ to separate the unsuspecting from their hard-earned money—for these offices are patronized in the main by the laboring people—would 'put Satan to shame'.

"One of these big advertising fakers employed, during the past year, an operator who neither had a diploma or certificate of registration. This individual would turn out as much as one thousand dollars worth of work each week. In addition to this man, a number of other unlicensed fakers were employed during the prosperous period. The proprietor frequently regretted the fact that the law prevented him from employing unregistered men. He added that they were not only better money-getters than registered men, but they were also faster workers.

"The greatest fault that one finds in these offices is the lack of sanitation. Apparently they are clean, and every effort is made to have them appear clean outwardly, but sterilization of instruments is an unknown thing. The time that intervenes between the departure of one patient and the advent of the next patient is not taken advantage of by a thorough cleaning and sterilization of the instruments, which is done in well-regulated practices."

A former lieutenant in the Army makes the following statement: "During a period

of two months it was my misfortune to be in the employ of one of these quacks and a certain scene which I witnessed in his office will long be remembered. It happened on a Monday, following a Sunday when the advertising of the office was heavy. About ten o'clock there came into the office one of these listless, thoughtless, individuals who requested an examination. The master quack took him in hand, painted the gums, both upper and lower with a weak solution of iodine, handed the patient a mirror so that he could observe, and collected a fee of ten dollars. A few minutes later another rather simple looking person came along and after having had his gums painted with a somewhat stronger solution of the same drug he was called upon to pay twenty dollars. This quack boasted of these deeds, and exalted such practices as the last word in quackery for he received the most money and gave the least in service."

A Detroit dentist in good standing recently made the following statement: "After graduating from college, and upon my return from a short vacation, I was induced by a classmate, who had turned quack, to go into his office as an operator. In a few days after taking up the work, a beautiful country girl came in with her front teeth in slightly crowded condition and with only two small cavities in the central incisors. I explained to my employer my plan of

filling those cavities. The quack said, 'No, don't do it that way. Take out the four incisors and put a bridge in; there will be more money in it'."

Still another dentist makes the following statement: "In my early practice I was forced through circumstances to seek employment in a large office, where graft, deceit and false promises ran riot—where the weaklings of our profession were kept down and driven into bad habits and servitude—where greed, lust and thirst for financial gain seemed to permeate the very atmosphere.

"I soon realized that my profession was one of the most important occupations a person could follow, as I was dealing with human life. I realized that my greatest professional duty was to fit myself properly for the service in my field, so I joined the local and state societies and the National Dental Association, where integrity, honor and honesty have a place—where the combination of the best minds in my profession strive to become more enlightened in the best methods of relieving suffering humanity."

A laboratory man makes the following statement: "During the past few years I have been employed at various times in one of Detroit's largest advertising dental offices.

"My last employment was about two years ago; I was employed to work in the laboratory. I was competent to set up teeth and do the usual

work done in a commercial dental laboratory. I could also do the gold work for bridge and crown construction. It was also my duty to do the polishing of the work which was done in the laboratory.

"I did not have any previous training as a dental operator. I never attended a dental college. I am not now, nor have I ever been, licensed to practice dentistry in Michigan or any other state.

"My training along dental lines, prior to my entering the employment of this advertising dental establishment, was as follows: I worked in one of the commercial laboratories of Detroit for some time; prior to this, I acted as messenger boy for a laboratory. This was the extent of my dental training before starting to work for this advertising office mentioned in the beginning of this statement. Prior to the time of entering the employment of the commercial laboratory, as messenger boy, I was a student in grammar school.

"Some time following the beginning of my work in the laboratory of the office mentioned in the first part of this statement, I was told by the owner I could operate upon the patients, who came there for treatment, if I wished. At first I refused, but the owner of the office pointed out the financial advantages that would be mine. When I further objected I was told that should I refuse I would be without a job. Therefore

against my better judgment and conscience I began to operate upon and in the mouths of patients who came for dental treatment. This I did until I secured more desirable and respectable employment.

"It was my duty to examine new cases and make the diagnosis. When not busy doing this, I operated, doing prophylaxis, mounting bridges, taking impressions for dentures, taking bites, etc."

A large percentage of the dental quackery is due to the public press. A system of tainted commercialism prevalent in the business offices of many newspapers, backed up by a quenchless thirst for money, creates a condition whereby the newspaper owner joins hands with the quacks in deceiving innocent people.

When the newspapers of this country finally reach the high plane of keeping faith with their readers and placing good conduct above office receipts, they will not accept quack advertisements, and this will deal quackery a serious blow. Among the large papers, none takes a stand that is more satisfactory to ethical dentistry than the *Chicago Tribune*, which paper, over the signature of its advertising manager, makes the following carefully prepared statement: "*In going into the subject, we found there was quackery in the advertising dental profession, and decided to refuse the publicity of the advertising dentists. We felt that*

there may have been some good dentists who were advertising, but to discriminate, we felt beyond our scope, and the advertising seemed so unprofessional as to cause criticism by our readers.

"We have not accepted any dental advertising since 1913, and it is quite apparent that it has not affected our total volume in the least. There are two sides to the question—one the protection of the reader, the other the protection of the advertiser who objects to being found in the company of dental and medical advertisers."

Printers' Ink had the following to say about the work of the American Medical Association: "To abolish as patients those who read themselves 'sick' from the lurid symptom lists of the patent medicine advertisements, *The Journal of the American Medical Association*, has through its Propaganda for Reform Department, been giving the public the facts, relative to the patent medicine evil and quackery, for over a decade. Over a million pamphlets and books dealing with the nostrum evil and quackery have been put in the hands of the public and the Association has spent hundreds of thousands of dollars in maintaining the organization necessary to prepare this educational work. This includes one of the most completely equipped chemical laboratories in the country, which, it may be said in passing, has, wholly at the expense of the Association, done a

large amount of valuable work for the government, since the United States declared war. It includes also a carefully classified accumulation of the largest amount of data on the nostrum evil and quackery to be found anywhere in the world. These data are at the disposal of anyone that wants them. Thousands of individual letters from laymen and physicians on the subject are answered yearly and without cost, educational placards on the same subject have been prepared and are being used by various organizations interested in the public health, not only throughout the United States, but in various parts of the world; illustrated public lectures have been given on the same subject; lantern slides have been made so that stereopticon lectures can be delivered; information is furnished free to advertising clubs, newspapers and magazines; large business organizations, which look after the health and safety of their employees, call on the Propaganda Department for the material it has for education purposes."

Where is the department of the National Dental Association, that should be carrying on a similar sustained and determined fight against quacks and nostrums within the ranks?

The closest students of focal infection and systemic disease have stated repeatedly that heart and kidney lesions and rheumatism are traced in many cases directly to badly filled

roots, pyorrhea, fistulous openings, etc.

Under the pressure existing in the average quack office to force production up, how much time is devoted to checking up root-canal fillings?

Where the office atmosphere is so saturated with the desire to get people in and then get them out, and all in such haste, are highly skillful, difficult operations—upon which, in many instances depend the future health and happiness of the patient—possible of accomplishment?

Dentistry carries on its shoulders a very heavy burden in the name of quackery. So much of their bad conduct, their broken promises, failure to live up to advertised schedule of prices and to their guarantees—all their unethical, undignified, and circus advertising, and all their questionable practices—reflect on the entire dental fraternity.

They raise havoc with the popular opinion of our profession. If their will prevailed or was in the majority, dentistry would be in the gutter.

Their bad practices are recorded in the minds of the people to the discredit of the entire profession. Their conduct casts a dark shadow over all of us.

Ethical men in dentistry outnumber the quacks easily ten to one. Yet, though they are in a minority, their influence with our public officials is such that they have practically a complete freedom relative to their statements

and display advertisements used in the public press. Is it just to those of us, who maintain standards, and have spent time and funds for our education, to be compelled to go through our professional lives with fellows who maintain such low standards? Is it justice so far as the public is concerned?

The ethical man, if he intends to remain such, realizes that his future depends on how he satisfies his patients.

With the quack, it is entirely possible to render a uniformly low character of service and survive, for he knows that he has back of him the pulling power of deceptive advertising.

In ethical practice, if your work is largely a failure, you eliminate yourself through the refusal of public patronage.

Under the methods of quacks you can perpetuate yourself in practice through fraudulent publicity. Large numbers of dissatisfied patients leave quack offices, and their places are filled through their "ouchless" and cheap advertisements.

Modern medical and dental diagnosticians require a complete set of radiographs of the teeth and adjacent structures in making examinations. The best authorities on internal medicine regard a healthy mouth as one of the first essentials in combating disease.

Modern dental service, is therefore, one of the foundation pillars of public health work. Dentists, in the course

of their operations, deal with the blood stream—with human life itself.

Should such a profession be commercially prostituted?

This matter of attracting gullible people to quack offices through newspaper advertisements is very dangerous for the public. The foundation rock on which a practice should rest is actual service—not paid publicity. The rules governing ethical dentistry provide that you build in proportion as you actually accomplish satisfactory results.

They are a splendid safeguard for the public.

For these reasons, the best interests of both the profession and the public demand that dental quackery be stopped.

These men should practice according to approved standards or have their licenses revoked. There should be no compromise in these matters—a steadfast, united and determined effort to put an end to the practices of dental quacks should be the aim of all forward-looking people.

In conclusion, a recent editorial appearing in the New York *Evening Post* is herewith submitted:

"Some years ago the field of medicine was overrun with a rank growth of charlatans, with only here and there a few really able and conscientious practitioners. Through the medium of the better type physician, boards of health and other agencies, the quacks were, fortunately, weeded out

of the profession, and so effectively that now one need have little hesitancy in placing the fullest confidence in the ability and probity of the average doctor.

"But it required hard and patient effort to clear out these bunglers and frauds in medicine, and it is quite likely that it will require as strenuous and patient effort to separate the fit from the unfit in the field of dentistry. Yet it is a work that must be undertaken if the good name of the profession is to be prevented from falling into disrepute, and the public protected. That it is as important to identify and turn out the misfits in the dental profession, as it was to oust the quacks from the medical, there can be no doubt. And the sooner they are weeded out the better it will be for the welfare of the general public.

"The state examinations, coming after graduation, should be made more difficult; should bring out, with greater clearness, whether one has the indispensable practical skill no less than the theoretical knowledge of the profession. Finally, in the case of its being shown at any time that one is turning out wholly inferior work, or observes any but the highest ethics in his dealings with his patients, it should be a simple procedure for the proper authorities to revoke his license to practice.

"The public is entitled to some protection against the incompetent and unscrupu-

lous dentists, whose numbers are larger than supposed by the uninformed, and are increasing each year."

Two New Civil-Service Examinations

The United States Civil-Service Commission has announced two new examinations, one for dental hygienists, the other for surgeons' assistants in dental, eye, ear, nose and throat work.

Applications will be received until March 31st. Applicants should at once apply for Form 1312, stating the title of the examination desired, to the Civil Service Commission, Washington, D. C.; the Secretary of the United States Civil-Service Board, Customhouse, Boston, Mass., New York, N. Y., New Orleans, La., Honolulu, Hawaii; Post Office, San Francisco, Calif., Denver, Colo.; Old Customhouse, St. Louis, Mo.; Administration Building, Balboa Heights, Canal Zone, or to the Chairman of the Porto Rican Civil-Service Commission, San Juan, P. R.

The title of the dental hygienist circular is "No. 422—Amended. United States Civil-Service Examination. Dental Hygienist." The title of the circular referring to surgeons' assistants is "No. 495—Amended. United States Civil-Service Examination. Surgeon's Assistant. Dental, Eye, Ear, Nose and Throat."

Editor ORAL HYGIENE:

I note on page 1997 of the December issue of ORAL HYGIENE, the program of the Third Annual meeting of the American Academy of Applied Dental Science, in Trenton, N. J., on January 9th, 10th, and 11th, and find my name listed under the Preventive Dentistry Class.

I wish to state through your magazine that my name was used in this connection entirely without my knowledge, that I had no intention of participating in the program or attending the meeting.

Very truly yours,
(Signed) A C. FONES.

Bridgeport, Conn.

[Dr. Fones refers to a paid advertisement of the A. A. A. D. S., the copy for which, carrying Dr. Fones' name, was furnished by the Academy.—*Editor ORAL HYGIENE.*]

Instructions to Patients

By DAVID A. BLOCK, D.D.S., Denver, Colo.

THE realization in recent years that the dental apparatus is a vital factor in the preservation of the health of the individual has done much to gain for the profession a place among the scientific callings; and today, no one can justifiably maintain that the proper care of the mouth is not essential in the prevention of disease. Viewed in a broad sense, that means not only attention to decayed teeth, not only restoration of lost dental organs. Important as these may be in the mastication of food, it is in the soft tissues of the mouth that most of the septic processes, which have wrought so much havoc, have found their incipency.

While we have been comparatively successful in the treatment of diseases of the gums and their underlying hard tissues, we still cannot but feel that the prevention of these diseases is far more important than their cure; nor must we forget that any prophylactic measure to which we may resort, will be of little permanent benefit unless we have the hearty and active coöperation of our patients, and to gain that end it is of the utmost importance that we instill in the minds of our patients the fundamental prin-

ciples underlying the proper care of the mouth.

And here we have the object of this paper.

Scientific papers are of great value to the literature of dentistry, and yet too often we find it difficult to apply the knowledge gained from them in our daily work. It is my desire to present a number of suggestions relative to instructions to patients which I feel can be put into actual practice with gratifying results.

The success which has crowned the efforts of many men in the profession in the treatment of pyorrhea, is sufficient proof that the disease can be prevented by the self-same means that have been applied in its cure. Since the thorough removal of fine particles of calculi from the roots of teeth, and the polishing of these roots, coupled with careful prophylactic attention on the part of the patient, has been known to retard, and often to correct disease of the gums, is it not logical to conclude that failure to remove these deposits, and neglect of prophylaxis, have often been the cause of this affection?

Knowing, too, that pyorrhea is in a great measure preventable by proper hygiene of the mouth, and recalling the prevalence of the condition in mouths of individuals, we

cannot escape the conclusion that an important measure in the prevention of disease has been treated all too lightly.

Too often, we instruct our patients to brush their teeth thoroughly without explaining to them what our conception of thoroughness might be. I wish to make the contention that unless you *definitely systematize* the manner in which teeth should be cleaned, you lose much of its effectiveness. If you were to perform an operation at the chair with the same lack of intelligent idea as to why you are doing it, you would probably meet with the same failure in your work as does your patient in his effort at cleaning his mouth. Were a housewife to clean her house with the same disregard of system with which she cleans her mouth, her house doubtless would be as unpresentable as are too often the mouths of some of our patients. Were she to run back and forth with her broom, from one room to another, as she is apt to do with her toothbrush, moving it from one part of the mouth to another, she would no more remember which part of her house had been cleaned and which had not, than she would be apt to know which part of her mouth had received attention, and which had been ignored.

Observe a stenographer at her work, and you will see that she types her letters while reading her notes, and does it without watching the keyboard. But before she was

able to do that, she had to acquaint herself thoroughly with the position of the keys. Is it not logical to suppose that before an individual can properly clean his mouth, it is necessary for him to have an intelligent idea of the forms of the teeth, of the spaces between them, of concave surfaces here, of convex surfaces there, and of irregularities in the teeth that make brushing at a certain spot more important and more difficult, or possibly of a prominent alveolar crest such as is often found just below the gingival margin of the lower teeth?

Is it not important that the attention of patients be aroused to the existence of distal surfaces of third molars which are never cleaned unless a special effort be made to reach them? Is a patient apt to know which surfaces of teeth are more difficult to keep clean, unless you apply a disclosing solution and show him, for instance, that a film has formed on the proximal surfaces, or on the gingival third of the teeth? And will he not have a better conception of what he is expected to do, if that very disclosing solution makes it apparent that the very surfaces on which he has expended the greatest time and effort, are usually kept clean by the excursion of food over them?

It has been my practice to liken the patient's mouth to her house, a two-story house, the upper teeth representing the upper floor, and the lower

teeth the lower floor. And then I subdivide at the median line, making two rooms upstairs, and two down, and suggest that she clean her mouth as she does her house. And how does she do this? She takes one room at a time, begins at one end and sweeps toward the other; and if she is a good housekeeper, then not a square inch of the space over which she has passed but what has been thoroughly swept, and not until she has finished cleaning that particular room does she proceed to the next. And when she has swept each room in turn, she knows definitely that her house is cleaned. It is that *definite* knowledge brought about by a *definite* method that is necessary in the effective cleaning of the mouth.

Having divided the mouth into four rooms or sections, let us begin at the lowers, at the median line, placing the brush with the bristles on the gum, just below the gingival margin, and brushing upward, having in mind the lower right central, continuing posteriorly toward the interproximal space, then the right lateral, then the interproximal space again, then the cuspid; and so on, until the distal of the lower right third molar is reached, having always in mind that you are brushing just one tooth at a time, and that you are not to leave that tooth until you are satisfied that it has been thoroughly brushed. Another method of impressing on the patient what is really neces-

sary, is to call attention to the interproximal space, and let her imagine that the space from the median line of one tooth to the median line of the next tooth is occupied by one tooth; so that from the median line of the lower right central to the median line of the lower right lateral, constitutes one tooth; from the median line of the lateral to the median line of the cuspid, the next tooth. Try to have her think of the teeth as having not perfectly smooth surfaces easily kept clean, but each with a depression midway which would require extra effort if it is to be thoroughly cleaned, and that is an important factor since the convex, smooth, rounded surfaces of the teeth are in reality kept comparatively clean by the movement of food over them while the proximal surfaces are not.

The paraphernalia necessary to a clean mouth are a brush, a syringe, and flat floss. The brush should have tufts of bristles, well spaced, the spaces being about equal to the width of the tufts, and should be shorter at the end for the reason that there is less room between the molars and the cheek, than between the anteriors or bicuspids and the lips. This kind of a brush is typified by the "Rolling" type of brush, child's size preferred. Brushes with longer tufts at the end are contraindicated. A little thought on the subject will convince one that if you place the brush

firmly against the teeth, one of two things must happen, if the entire brush is being put to use; either the longer bristles on the end fold over, or else they spread apart. In either event, the patient is using the sides of the bristles in brushing, instead of the ends, thereby unconsciously neglecting a part of the mouth. Examination of the patient's mouth will often show, for example, that there is more inflammation about the lingual surfaces of posterior teeth, than near the buccal. When this is the case, the patient should be instructed to pay closer attention to the part indicated. Brushes should be the texture commonly known as medium, or hard, bearing in mind that they become softer after being put into use.

After the teeth have been thoroughly brushed from the median line to, and including the distal of the third molar on the lower right, we begin on the lingual surfaces of the same side at the median line, going to the third molar, and for this purpose it is well to recommend a brush having but two rows of bristles (such as a Rolling Special), which may be placed on the gums and carried over the gingival margin much more effectively than can be done with the ordinary brush. If you will attempt to brush the lingual surfaces of the lower teeth with the regular brush, and then with the smaller brush, you will be pleasantly surprised at the ease with which

the smaller brush may be manipulated, and at the increased efficiency. The posterior teeth on the lingual surfaces are more difficult to reach, particularly if one begins at that part of the mouth. Beginning at the anteriors, and gradually including tooth after tooth, greatly simplifies the operation. After completing the right lowers, you repeat on the left lowers, in the same manner. The same method is applied to the upper teeth, except that instead of brushing up, you brush downwards, beginning again on the gums, paying especial attention to the free margins as you pass over them, thoroughly completing first the buccal and then the lingual one side before beginning on the other.

A very important adjunct of the paraphernalia used in cleaning the mouth is the syringe, one of the type known as the Moffat syringe may be used. It has been my practice to use a syringe resembling the ordinary hot air type with a large red bulb, differing only that it has a larger opening so that it may be more quickly filled, and will permit of a more powerful stream. In those having the ordinary small opening, the time consumed in filling is so considerable that warm water often becomes cooled in the process, its subsequent use often causing discomfort to the patient. The object of the syringe is to drive out by force of the stream, particles of food that

have lodged between the teeth, and which the brush cannot reach, and also to bathe the surfaces under the free gingiva. In places where the interproximal gum tissue has been destroyed, as so often happens in pyorrhea, and particularly in Vincent's infection of the gums, the syringe is particularly indicated, and this suggestion to your patients, meets with their hearty approval. There is a feeling of cleanliness brought about by the use of this syringe that one cannot appreciate until he has tried it for himself.

Another important and effective adjunct in the care of the mouth, and one which will tax all your ingenuity to persuade your patients to accept, is the flat dental floss. It requires no stretch of the imagination to understand that regardless of how thoroughly you wield your brush, you still cannot reach the proximal surfaces of the teeth.

And here I wish to emphasize that the dental floss is not intended to clean the interproximal space. If a patient carries away the impression that the tape is to be used to clean between the teeth, he will use it in such a manner that only the contact points will be cleaned. He will ply the tape up and down. The flat floss is to be used to wipe off the *sides* of the teeth, first one side and then the other, going in each case just under the free margin. The patient should be cautioned that the tape is not to be permitted to

snap suddenly past the contact and to strike the gums in such a manner as to bruise them. I have in mind a number of cases where thorough brushing by the patient did not bring about quite the desired result, and in which the additional use of the tape, when finally brought into play, caused a marked improvement in the appearance and tone of the interproximal gum tissue.

The application of the disclosing solution is of great educational value to patients. A short time after teeth have been thoroughly cleaned and the patient thoroughly instructed in the method of caring for the mouth, he should be requested to return for examination, and the disclosing solution applied to the teeth, and immediately washed off with a stream of water. Those surfaces of the teeth most difficult to keep clean, principally at the proximal and at the gingival third will disclose a film which will be an indication that the teeth at these points must be given more careful attention. It is in this manner that you will eventually leave a lasting impression upon the mind of your patient which will be the means of bringing about that hygienic mouth condition which we so much desire.

Frequently a patient will report for examination with an inflamed condition of the gingival margin of the lower anterior teeth, and yet will declare that he has conscient-

tiously followed directions in beginning just below the free gingiva, and brushing both gums and teeth with upward motion. Often careful scrutiny of the mouth will disclose a prominent alveolar crest just below the teeth. What has happened here is just what occurs when your automobile strikes a bump in the road. Your front wheels leave the ground and when they again strike the road, they have entirely passed over a foot or two of ground without touching it. So with the brush; if used with rapid motion, it strikes the prominent alveolar crest and jumps entirely over the gingival margin, so that this important part of the gum is unconsciously neglected, bringing about a recurrence of the original inflammation. An intelligent explanation of the reason for this will aid materially in correcting the condition.

When to brush the teeth is a question often asked. My instruction to patients is to most thoroughly brush the teeth just before retiring. Bacteria, as we know, thrive

in a moist, dark, warm medium. If the mouth is not thoroughly cleaned after the evening meal, we have, during the time of sleep, not only an ideal culture medium for the growth of bacteria, but also particles of food, which have ample time for decomposition and acid fermentation, and serve as a pabulum for the ever-present micro-organisms. Particles of food remaining during the day after meals are dislodged by the motion of the tongue, lips and cheeks. Another reason for instructing patients to do their brushing at night, is that most people are apt to take more time for this at night than during any other part of the day.

As for a dentifrice, we depend on it only as a cleansing agent, and not for its antiseptic or medicinal properties. The use of antiseptic mouth washes should not be encouraged lest the patient depend upon them rather than on the mechanical cleansing of the mouth.

732 Metropolitan Bldg.
Denver, Colo.

Schools Hold Toothbrush Parade

A toothbrush parade and pageant, to impress on the school children of the county the importance of clean teeth, was held in Antioch, California, on December 2d, during the oral hygiene week, which started on November 28th.

During the afternoon of December 2d, the students of the Antioch schools paraded through the streets of the city, each carrying a new toothbrush. At the Antioch Theater, a toothbrush pageant was presented by the students of the Nichols school.

A Consideration of Impactions*

By REA PROCTOR McGEE, D. D. S., M. D., Pittsburgh, Pa.

Read at Meeting of Eastern Association of Angle School Graduates.

IN our present state of progress in the study of the mouth, the field of the orthodontal surgeon and the field of the oral surgeon overlap to a considerable extent, and I believe in the very near future our work will be even more intimately related than it has been in the past.

The eruption of the teeth is not thoroughly understood and consequently the etiology of certain forms of irregularities must be conjecture.

An impaction is a condition in which the eruption of the tooth is prevented by an obstruction. Any obstruction that interferes with the normal pressure for the eruption of the tooth produces an impaction. This may be temporary or it may be permanent; it may be complete or it may be incomplete.

An "uneruption" or "non-eruption" is that condition in which the efforts of Nature to erupt the teeth have ceased. An unerupted tooth might, under some circumstances, resume its efforts. I believe we have less movement in a tooth that has been unerupted for a considerable period than we have in an impacted tooth from which the obstruction has been removed.

We have, in the eruption of

the teeth, two very important considerations. We learned, in our early studies in embryology that when the dentinal follicles are laid down in the groove they begin to germinate and develop. Subsequently the calcification of the jaw will reach the point in which the tooth follicle is covered. After birth, this process is continued until the cusp of the tooth is entirely covered with bone. Then, and only then, does the tooth begin eruption; the first process is the resorption of bone that has been laid over that cusp.

Why Nature should lay this bone down and immediately begin to resorb it is a thing we have never been able to explain.

The second consideration is the force that causes that tooth to come into place. For this we have many explanations.

One that was accepted for a long time was that the calcification of the pulp produced pressure, from below, upward. That, we now know, is not true because the cuspid tooth, both in the temporary and permanent set, is almost completely calcified before it begins to erupt, consequently that hypothesis is totally worthless.

All force in the human body is due to hydraulic pressure

* Reprinted from *The Dental Cosmos*.

of the blood. Consequently we must have in the periosteum of the tooth root an organ that is capable of receiving hydraulic pressure from behind. We must have some stimulus that will produce this pressure.

We have a protective membrane about the crown of the unerupted tooth that we have not paid much attention to; but I believe we are going to consider this membrane

gubernaculum means "a leading string."

In the permanent set, when the dentinal follicles break away from the temporary set, there is a little leader that reaches down from the epithelium, down to the tooth germ, and this leads from that follicle to the epithelium at a point where the tooth should normally erupt.

I believe Dr. Broomell was the first one who called atten-

"I have asked several men about the gubernaculum recently and they all thought it had something to do with the governor of the state—confusing it with gubernatorial—and, until I began looking up the word, I didn't know that gubernaculum means a leading string."

about the cusp of the tooth more seriously in the future and I believe that in this membrane we will find a secretion similar to the hormones which, we have learned, are secreted by one organ and produce activity in another.

The next proposition is a thing that we have all heard of during our histological days—and that is the old gubernaculum.

I have asked several men about the gubernaculum recently and they all thought it had something to do with the governor of the state—confusing it with gubernatorial—and, until I began looking up the word, I didn't know that

tion to this little cord and I believe this actually does give us some light upon how a tooth finds its way from the interior of the jaw into its proper position.

Now we have to consider what would produce these noneruptions or impactions.

The calcification of the jaw is an uneven process.

As we know, the mandible is more exposed to traumatism than any other bone in the body.

We know that a blow in early youth has actually destroyed the growth of the jaw.

In many cases we have a disturbance of dentition that is out of all proportion to any

obstruction that might be found. As a result of fevers the calcification of the permanent teeth is interfered with at an early age.

I believe Dr. Cryer states that from these fevers we frequently have a change in the calcification of the jaws.

That is, we will have an excess of lime salt deposited in one place while we may have an opposite condition in another, so that we have an uneven development in those jaws and any such alteration is bound to interfere with the eruption of the teeth.

We know also, from our experience in handling the teeth that have been devitalized, that we have a condensing osteitis around the root of every devital tooth as well as a loss of elasticity. A test in that regard was made in this city.

A vital cuspid was removed and its elasticity tested, was shown to be about 8 per cent whereas a cuspid that had been devitalized one year showed a fraction more than 4 per cent of elasticity.

We can have an induration of the maxillary bones. These indurations will extend to the region of the teeth and they will come from injuries, from fevers, and from unknown causes. They may come from abscesses, particularly of the temporary teeth, and will eventually cause misplacement or impaction of the third molars and of the bicuspid and of the cuspids. This induration can produce an impaction without

having an obstructing tooth in its path, and it is just as true an impaction as though one tooth were jammed against another one.

We have in these cases a constant effort on the part of Nature to force the teeth through this dense process.

We also have impaction from malposition of the tooth itself.

In the malpositions of the teeth I believe that indurations and inflammations and other conditions have interfered with the gubernaculum and the tooth does not come into the arch normally, because it has lost the thing that guides it into its proper place.

I think this explains some of these impactions. Consequently we come to the point where we realize that the handling of the temporary teeth, so far as the future of the permanent teeth is concerned, is vital.

When we have an impacted tooth in the jaw we have a mobile body in a dense media. We have the proposition of a foreign body. The cusp of an unerupted tooth in the tissues is just as much a foreign body as is a bullet or any other object you can have in the tissues.

A bullet or other object will, if left to itself, become encysted with a membrane very similar to the membrane over the cusp of the tooth.

It will not penetrate the skin but will follow along the fascias, moving because of the absorption from

the irritation caused by its presence.

I have a little piece of lead in my wrist that has traveled three and a half inches in about seventeen years and has not caused any pain, and I just leave it there so that I may observe what gyrations it will make.

That is a foreign body; but when you have a tooth impacted you have all the possibilities of a foreign body, and behind that you have the root, which will receive force; this we do not have with any other foreign body.

If you remember, all the eruptions have come in spasms; we have a period of eruption and a period of rest, because you cannot maintain the hydraulic pressure of your blood in your capillaries for any considerable time without the walls of the capillaries undergoing changes.

You will have a period then of reconstruction. Whenever we have blood pumped into a bone area and kept for any unreasonable length of time, we have a condensation of tissue in that region that will be progressive, and when it condenses we have a contraction of the blood vessels and a lowering of the blood supply to that point caused by calcification.

We will have a pressure upon the nerves in that region and are bound to get reflexes. In order to have reflexes it is not necessary to have pain that the patient is conscious of, because the patient does

not realize the inconvenience and discomfort he has had until it is removed.

Somebody has said that a continued pain is to the nervous system what a hemorrhage is to the vascular system; it is a constant waste of nerve energy, and we are getting a waste of nerve energy whenever we have impactions.

The best that can be done in medicine or dentistry is prophylaxis; it is just as important for everyone to have, at some time, a diagnosis made of the arch, even if their teeth are in perfect occlusion, as it is if they are in malocclusion.

Every seemingly perfect set of teeth should be X-rayed to find out if the third molars are going to produce a pressure that will cause a malocclusion eventually. We know that every form of dental effort upon the part of the orthodontist, upon the part of the prosthodontist and upon the part of the general practitioner is interfered with by the third molar teeth, if they are not in proper alignment.

We know pulp conditions are made worse; we know the tendency of every tooth is upward and forward, but when we have the molars and sometimes the cuspids that have lost their gubernaculum, we find them following their own noses—following the course of least resistance.

In complete impactions we never have a granuloma form-

ed upon the root of the tooth, though we do have granulomas in partial impactions, and when we have a complete impaction we do not have death of the pulp.

Consequently, we can state pretty definitely that complete impaction, so far as sepsis is concerned, is not of as great danger to the patient as partial impaction.

We know these impactions will cause malocclusion, and absorption if they come in contact with the roots of the teeth, consequently there is no case of impaction that is not a menace both to the health of the patient and to the permanent use and position of the other teeth.

We have in the impacted cuspids a problem that has become very acute within the last few years, and that is insanity that has been traced to such impactions.

The greatest number of nerve reflexes come from the impacted cuspids rather than from impacted third molars.

I know of one case where a cuspid was impacted directly in the center of the roof of the mouth, extending perpendicularly through the palate into the vomer so that, when the mucoperiosteum of the palate was turned down, an eighth of an inch of bone had to be cut away before the point of the cusp could be seen.

This patient had been insane for four years and had been in an asylum most of that time.

Occasionally, they would have to put him into a padded room; then he would quiet down; he seldom made a remark; he had had twenty-two Wassermann tests made, all of which were negative.

Finally one of the diagnosticians taking an X-ray picture directly through the top of his head, found this cuspid. It was removed; a large amount of discolored blood was discharged through the nose and the mouth.

It was impossible to keep the blood out of the throat and from that discharge he inhaled a sufficient amount to give him pneumonia from which he nearly died.

Then when he was about over the pneumonia he developed phlebitis in the left leg, and when he had recovered from that his mental balance returned and he has now gone back to business.

We have traced his insanity directly to that impacted tooth and the cure was the removal of the tooth.

If things of this kind can happen, is it not reasonable to believe that when children are at a formative period, at a time when the nervous system is beginning to connect up and they are developing into adults, a condition of this kind may develop into a serious disturbance—and should not these impactions be discovered and corrected and not allowed to remain to give trouble in the future?

I think we have more danger of sepsis from partial impac-

tions because sepsis in the mouth is frequently the result of neglect, which, of course, might be due to inability to reach someone who knows how to correct the trouble. It is a general proposition, that when we have a partial impaction there is nothing that can be done except to remove that impaction. I believe the claim has been made that the treatment of these impactions is empirical.

of his work about the time of our Revolutionary War.

He was the man who put scientific dentistry into being.

That old man knew a good many things from his observations, which were totally empirical at that time—things we are just finding out. He knew as much about why a tooth erupts as we do. The more you read him the more you realize that there was a tremendous brain—that there

"Empiricism simply means the pursuit of knowledge by observation and experiment, and most of us do our work upon that basis—the result of experience."

Empiricism simply means the pursuit of knowledge by observation and experiment, and most of us do our work upon that basis—the result of experience.

We are willing to take all the theories and use them and figure them out, but when we come to do the work we are going to do the thing our experience tells us works.

If you look back ten years in your scientific books you will find a lot of stuff that is worthless; but look back over some of those old practical fellows who were close observers and you will find they knew what they were talking about.

John Hunter did the best

was a man who never had the credit from dentistry that he deserved.

He did probably as much work in the study of the teeth and comparative human anatomy as all the men between Hunter and Miller—for seventy-five years following him.

He even suggested in 1778 that when the teeth were in malposition he believed it would eventually be possible to use some mechanical means to correct them. He took out a tooth and planted it in a cock's comb and made it grow. To read this man's works, you wonder how he ever found the time to write them.

I believe a little bit of ex-

perience goes a long way. My experience in observing these impactions has been that the longer an impaction goes the more dangerous it is to the eruption of all the other teeth and the more dangerous it is to the health of the patient.

I think many impactions of cuspids, bicuspid, and of laterals and centrals, can be overcome by performing an operation by which the resistant tissue is removed.

We can restore artificially the gubernaculum that has been lost. If we make a little trench and cut it right through to where the tooth belongs, it will be a much easier matter to swing that tooth into position.

When you have a tooth out of alignment, remaining simply out of alignment, you will have abnormally dense tissue between the tooth and its proper position. If you have that tooth, why lose it? Why not make your trench, restore your gubernaculum and bring the tooth into position.

I believe that in every case except third molars we are at liberty and should be encouraged to make every effort to swing those teeth into their proper position in the arch.

When it comes to unerupted teeth, we have a condition that is usually due to some lack of nutrition, of nerve force or circulatory force.

I think in those cases they require more general treatment rather than a local treatment, consequently the patient requires a general diagnosis.

Of course, the supernumeraries do not concern the orthodontist. In my observation of supernumerary teeth I have noticed that it is very seldom that they cause sufficient pressure to dislodge a permanent tooth from its proper position. Supernumeraries should always be removed.

I have been trying to satisfy myself as to why some of the conditions that I am meeting with so constantly, occur, and I have found the literature upon the subject practically nil.

Possibly if some of you would like to ask some questions on this subject we might be able to bring out something of interest.

Query: I had recently a very interesting case of a five and a half year old child; the mother has said that while the child has had no bad illness, she did not grow and you couldn't depend upon her word.

There was a history of abscessed deciduous teeth and I found the bone surrounding the teeth had not grown sufficiently to allow for the eruption of the permanent teeth; the gubernaculum had been destroyed. After my treatment, the child, who had literally been starving, is reported by her mother as eating everything she can get her hands on and that she is a changed child. I was wondering if that is what you would call impaction.

Dr. McGee: Yes, you had a complete impaction of her

permanent teeth. In these cases of noneruption where you have had a considerable number of abscesses you will get a destruction of your gubernaculum.

With the abscesses that this child had had for a long period, you had not only the gubernaculum destroyed, but a dense osteitis in the bone cells. When you began your orthodontia treatment you released a tremendous backward pressure of the blood stream which had been producing all the symptoms of malnutrition.

That is one of the common causes of chorea or St. Vitus dance.

When a child has had abscesses over her whole mouth in temporary teeth you have a pressure there that can hardly be estimated—a pressure and tension on the sensory and trophic nerves. By bringing those teeth into position you are relieving that pressure in the only way it is possible to do it.

Query: When do you call a tooth impacted?

Dr. McGee: I call any tooth impacted which does not erupt at an age when it should come into the normal position if the density of the bone is keeping it back. There is an effort to erupt and if it does not erupt it is an impaction.

When Nature makes no attempt to erupt, you have noneruption. Your impaction is due to obstruction, and you have obstruction when you have inflammation.

I do not consider a tooth

impacted before it is due to erupt unless the tooth is held in the process at a lower level than it should occupy normally at that period. If the temporary tooth retains the full length of its root and there is no attempt at eruption, you can figure you are going to have delayed eruption.

Every once in awhile you X-ray a mouth and find the teeth are below where they should normally be and in that case you will have a very much delayed permanent dentition and your entire set of teeth is impacted to that extent. In those cases there is frequently a nervous disturbance.

Query: Could we not also say we have an impaction when there is impossibility of a lateral movement? If it is impossible for the permanent teeth to move forward or laterally as well as move upward, there would be just as much impaction, so it wouldn't necessarily have to be below.

Dr. McGee: No, not necessarily; impaction is interference with movement in any normal direction. When the cuspids are beginning to come out in the roof of the mouth they lie almost flat. We get a tremendous amount of vis-à-tergo or pressure from behind.

I also wish to speak of missing teeth. The laterals frequently are missing, and one of the reasons for that is that the germ for the lateral tooth does not become calcified over and the germ is killed, simply

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from trauma caused by chewing. I believe in some cases in which we have no permanent dentition, that it is possible that we may have had this same type of trauma.

Where there is a loss of one tooth or where there is a constriction of the jaw, we have a probability of some injury or fever that has caused an improper calcification of that jaw.

If jaws are prevented from calcifying too rapidly by taking good care of the teeth of the children, I think we would not have so many of the constricted jaws.

Someone wants to know if this malposed tooth isn't hereditary; the only thing I can say to that is, there may have been a certain tendency in the laying down of the follicles of the teeth. When we study embryology we find we are all pretty much the same.

Somebody said that Mrs. Woodrow Wilson is a descendant of Pocahontas, and as I figured it out, she has about 1-1500 part of the Pocahontas blood.

As a matter of fact, if you go back to about the Third Crusade, you will discover that every man in that Crusade who has living descendants, is a direct ancestor of all of us.

We might have tendencies that would be inherited in some strong strain of malformation like the Hapsburg toe or something of that kind, but it is not likely. We may have certain conditions that

will cause an induration of those jaws.

Dr. Bowman: I have seen two cases of a central incisor being fully erupted and then starting to recede. I tried to erupt the other but could not move it forward or backward nor could I erupt it. The X-ray showed a perfectly normal bone. What would cause that?

Dr. McGee: I should try to ascertain whether there could be a sarcomatous tendency there, because that would indicate one of those extremely hard sarcomas which will at times draw teeth into its substance. Where you have an extremely dense process and a tendency to disappear I would suspect a sarcomatous type of inflammation, which is a very slow growth and very hard—I believe they call it adamantine sarcoma.

Dr. Mitchell: I had a somewhat similar case of a young man—I saw him when he was sixteen. The first molar had just erupted and I thought I would have very little difficulty in bringing it down into position. I exerted pressure on this tooth for a period of eighteen months to two years and never moved it a particle and an X-ray, as in Dr. Bowman's case, showed conditions apparently perfectly normal; but I was never able to move it.

Dr. McGee: The probability is you had no assistance from Nature; you had a total uneruption. In the case of most of

the teeth you move, you have a lot of help from Nature; but if it is just a dead drag, there is nothing to do; you can't drag it.

Dr. Mitchell: I exerted force in all directions; I had to keep reinforcing my anchorage continually and never did move it.

Dr. McGee: It is quite possible that Nature for some reason had ceased to make any effort; you didn't get the normal absorption and you had to drag against the "solid ivory" and it simply wouldn't drag.

Did you ever try to extract one of those teeth?

Dr. Mitchell: No.

Dr. McGee: You have to take a bone chisel and a hammer and go up there and dig it out. It is an ankylosis due to lack of nourishment. When you get that ankylosis you get a shrinkage of the peridental membrane and you

have a condition that you can't contend with.

When you have a condensed osteitis in the immediate neighborhood of the alveoli, sometimes it is very hard to make out—even with a very fine instrument—the division between the tooth and the process. The only way you can get it out is to chisel it out.

Dr. Mitchell: This boy was extremely nervous; his father died and the boy almost lost control of his reflexes. I suggested the extraction of the tooth, but his father had been a hemopheliac and the family withheld authority to operate.

I talked to different men about the case and they said if the father was afflicted that way the son probably wouldn't be but the family refused to have the tooth extracted and it is still in there.

Traveling Dentistry Proves a Success

The unusual experiment of dentistry via the auto route is the latest innovation devised for the pupils of the Oakland public schools by the Junior Red Cross, says the San Francisco Call.

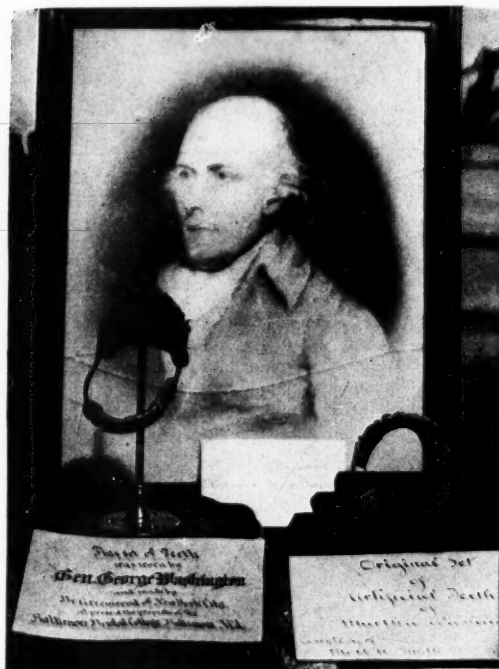
Competent dentists travel with the automobile, which contains complete equipment for fully treating school children.

Instruction on the care of the teeth is also given free of charge to the pupils who are treated.

Proceeds from the Red Cross shop on Twelfth Street are used to defray expenses of the project.

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ORAL HYGIENE Sepia Section
OF
DENTAL SURGERY.



Fotograms, N. Y.

The dentures worn by George and Martha Washington are on exhibition in the Museum of the Baltimore Dental College. The picture of the dentist who made them, Dr. Greenwood, of New York City, is shown in the background.



Margaret Ellen, only child of Dr. S. E. Cooper, of Alamogordo, New Mexico. She is five months old, weights 15 pounds, and has five teeth. Dr. Cooper writes that Margaret Ellen cut her two lower centrals when eleven and a half weeks old.



Here are the teeth that chew the food that provide the energy for Charlie Chaplin's funny feet.

With these teeth Charlie could almost get a job in one of Dr. Kent's oral hygiene films if he should find himself out of employment.

Fotograms, N. Y.



Crowds poured into the Health Show at the Grand Central Palace, New York City, where many interesting exhibits held the attention of the visitors. Teeth were cleaned free of charge in one booth. The photo shows two youthful visitors taking advantage of the opportunity.

Wide World Photo.



Dental Exhibit at Mississippi State Fair, Jackson, Miss. The posters are the work of Miss Ann Roberta Wright, daughter of Dr. G. M. Wright, of Jackson. Miss Wright is a very clever poster artist with splendid ideas for making up dental posters. This should be borne in mind by oral hygiene committees who wonder where there is an artist who knows how to do this work.



Dentistry in ancient days.

The National Meeting

It's not too Early to Arrange for
Accommodations



THE twenty-sixth annual convention of the National Dental Association will be held in Los Angeles, California, July 17th to 21st, 1922.

The Ambassador, one of the city's newest and largest hotels, situated in the heart of one of the most beautiful residential districts, will be convention headquarters, and practically all sessions can be held in the hotel or on the grounds.

The local Committee on Arrangements can safely state that this meeting will provide an excellent program, demonstrating that "Dentistry can add ten years to the average of human life." This committee can also safely state that our visitors will be well entertained during their sojourn in Los Angeles.

It is none too early to plan a vacation Westward in July 1922, and to send for hotel reservations.

Watch for further and detailed announcements in all dental journals.

The Local Committee on Arrangements,

Per C. M. BENBROOK,

General Chairman

707 Auditorium Bldg., Los Angeles, California.



Must Legislators be Lawyers?

An Illinois Dentist is Candidate for State Senate

By EVALINE WRIGHT NELSON, Chicago, Ill.

PROFESSOR Will L. Thompson, musical composer and publisher, of East Liverpool, Ohio, early in life became known by "Gathering Shells from the Seashore" and other ballads which were the nucleus of his fortune. In later years hymnology became his specialty. Many public offices were urged upon him; for most of them, acquiescence would have meant election. He steadfastly refused—the presidency of the town library board being the only one he accepted.

A few years before Professor Thompson's death, the writer was in his office when a prominent citizen called to secure coöperation in some political campaign work. In course of the conversation he said, "You know I've always been a strong party man in national and state matters; in local affairs I've been independent, voting for the man I thought most fit."

After his friend left, he continued the subject: "In this pottery town we are highly specialized in work. I've left political matters to the lawyers and professional politicians, voted the party ticket straight usually and," with some hesitation and a

deep sigh, "I'm not at all sure now that it was right."

"Why did you?" I asked.

"Well," after a pause, "some of us have been too intent on making money to think about our civic duty. If we had, conditions might be different now."

Here was a man, respected and loved at home, whose influence reached beyond the seas, deploring his neglect of duty as a citizen.

Dean John H. Wigmore, of the Law School of Northwestern University, is credited with the statement that state legislatures have performed "the worst done job in the country." It would be interesting to know what proportion of bills, featured with loopholes to escape Law, were voted for by lawyers.

The announcement in local papers of Wheaton, Illinois, that Dr. W. H. Hopf, a well known dentist, is candidate for the State Senate, brought the incident related above to mind, linked with the long-entertained belief that many things are wrong in this country because too many, aside from the professional politicians, neglect their citizenship, is the occasion of this screed.

Why should not dentists be useful? If good roads are the paramount issue, does not a

dentist know about bridge-work? Reparative has always been the chief work of the profession; it is only recently that preventive has loomed large; law-making requires both. As for the kingly assumption, on the part of politicians, a dentist should know when to take a crown off as well as to hold a royal head under it in Europe. I hold no brief for any candidate, but since the community view is very favorable to Dr. H., and Du Page County has had no candidate for many years, the running looks good. The forecast is that he will

run straight and true and reach the goal.

When I read "What is Success?" in the Anniversary Number of ORAL HYGIENE, I wanted to congratulate the writer on being a dentist *and* citizen also. He and I may differ on a hundred subjects, may not vote alike or worship alike, but I'm glad he has civic interest, cares enough for his town to work for its betterment. Whatever his party, he ought to be a better dentist and man for living up to his convictions and working them into civic life.

Dental Films Seem to be a Live Topic

Editor ORAL HYGIENE:

I would like your information relating to some dental films. We desire to show some films here in the school.

I notice a number of different films advertised in ORAL HYGIENE, but they seem to be under the control of different parties or associations. The film "Come Clean" has to come from Chicago and "A Mouth Full of Wisdom" from New York.

We desire to show for an hour at least on the one subject.

Is there some place we can get good films at a reasonable cost? I will have to stand the entire expense of the film rental myself; the school board will furnish the rest of the equipment.

It is out of the question to try to get films from different places to show at the same time, as they cannot be depended on to get here at the same time. Can you help me out by offering some suggestions?

A prompt reply will be appreciated,

Yours truly,

R. H. EWING, D.D.S.

Osborne, Kan.

[The Editor of ORAL HYGIENE desires all of the information that he can get upon this subject.]

A Talk with a Mothers' Club on Oral Hygiene

By KATHERINE F. HOLLIS, Columbia University, New York, N. Y.

This is the type of educational work which Columbia University is giving in her training of young women in oral hygiene.

MOTHERHOOD is the most wonderful profession in the world. I except no other profession, not even oral hygiene. Someone very beautifully expressed it when he said, "God could not be everywhere and so he gave us Mothers."

Motherhood is woman's divine inheritance. She may exercise her privilege or she may not; that is optional with herself; but if she does exercise it, her responsibility for the little life she is to bring into the world, begins from the moment of conception and continues until her child has reached the age of reason and can be responsible for its own acts. Pre-natal days should be guarded as zealously as the time from birth on, for surely environment, mental suggestion, physical health and clean living, in the order of reason alone, if nothing more, are

bound to reflect later on in the caliber of the child.

Motherhood is a life of devotion and self sacrifice, but has it not its compensations? To know that you have brought into this busy world of affairs, a splendid, healthy, God-fearing man- or woman-child who will bring credit to the race and country, and who will take a place among men to just that degree of moral, physical and mental efficiency with which you have endowed it—surely for such a birth-right, no fine, true Mother ever regrets having gone down into the "Valley of Shadows."

Until recent years, the parents were wholly responsible for the future welfare and education of their children, but in these days the law has stepped in and said that a certain number of hours for a given number of years shall be devoted to mental training.

In New York, as well as in many other states, we have added to this requirement certain hours in which to safeguard the physical soundness and health standards of your children.

We, in the schools where your children come under our daily observation, note certain conditions which are not nor-

mal to a perfectly healthy body.

We in turn, report these conditions to you. It may be that you have not before noted these symptoms, for in those whom we love we do not always see the things that are short of perfection, but which stand out so conspicuously to the outside observer.

In order to correct the conditions which exist and which we have reported to you, Mothers, we must have your earnest coöperation. We can do much, but it lies with you to put into execution the suggestions made for the welfare, health and happiness of your little ones.

My talk with you will be devoted to hygiene, more particularly to mouth or oral hygiene.

By hygiene is meant a condition of health and cleanliness.

Mouth hygiene is not, as generally supposed, confined to the mouth alone, but applies to the whole body as well. The health of your child depends upon the condition in which the mouth is kept.

The mouth is a most important factor, because it is the gateway to the whole body and through it passes all the food we eat, the liquids we drink and the air we breathe, and these three, as you know, are the very essentials of life itself.

If the mouth is neglected and allowed to remain unclean it contaminates everything that is taken into it, conse-

quently the food reaches the stomach, and later on is taken into the blood stream in a toxic or poisoned condition, which necessarily deprives the child of the benefits to be derived from clean, wholesome and nutritious food.

As a general thing, we can judge a person's health by the condition of his mouth; one seldom has to look farther. When we see broken-down, dirty, neglected, decayed teeth, a coated tongue, bad breath, we know right well that the possessor is suffering from some reaction of that mouth condition.

It is not possible to have a filthy, neglected entrance or approach to any house or community and find the inside of that gateway safe, sane and sanitary.

Dirt begets dirt, and if you would have for your children, sound, healthy bodies, rosy cheeks, sparkling eyes, abundant animal spirits, and alert minds, you must begin with their mouths and keep them in a sweet, clean and wholesome condition. Disease is a dread thing, and we are well afraid of it. The diseases which afflict children come mostly through the mouth, and is one of the best of reasons why the mouth should be kept absolutely clean. Among these diseases which come through the mouth I might mention Tuberculosis, Pneumonia, Influenza, Grippe, Diphtheria, Measles, Scarlet Fever, Mumps and many others.

Commence then, Mothers,

now, today, and take care of the mouths of your little ones. In your care of the baby, after each feeding, whether it be from the breast or the bottle, wipe the little gums with absorbent cotton dipped in a solution of boric acid or lime water. The reason for this is that a thin film or scum settles on the little gums and this must be removed before the next feeding in order to avoid contaminating or infecting this later feeding. The mouth is a perfect incubator or medium for the growing of bacteria or germs. It has all the desired qualifications, viz. moisture, warmth and darkness. The germs just love it and grow readily and rapidly. This bacterial growth leads up to disease, tooth decay, and many of the ills which sap the life and impair the growth of your little ones.

In the human mouth we have two sets of teeth, the temporary or baby teeth and the second or permanent teeth. In the little jaws between the ages of 5 to 32 months are developed 20 teeth, ten in the upper jaw and ten in the lower jaw. These baby teeth come in at various stages of the baby's life and sometimes cause a great deal of pain and distress. They are very fretful and irritable and hard to manage.

Mothers, be patient with your babies—keep their little mouths as sweet and clean as possible, by using the lime water and boric acid water I have suggested. Massage the

gums gently, and so tide over this very trying stage of babyhood.

When the baby's teeth are all in place, it is most important that they be kept sound and in position as long as Nature intended, and that time is when the second or permanent teeth are ready to come up or erupt. If these precautions are taken and the baby teeth looked after and kept free from decay, there will be no occasion for the malformation of the permanent set of teeth, and by malformation I mean teeth coming in crooked and out of their normal position. Nowadays we exclaim over a perfect set of teeth. It is a rare thing to find a set of teeth sound and white and in perfect occlusion. It should be just the reverse. We should exclaim over a malopposed jaw just as we do over crossed eyes or bowed legs. One is just as disfiguring and abnormal as the other.

I would like to call your attention to some of the pernicious habits prevailing among young mothers, and the reasons why children grow up with irregular and crooked teeth. Among these habits we have:

Thumb or finger sucking,

Lip or tongue sucking,

Use of the pacifier.

Habits causing mal-occlusion:

Mouth breathing,

Premature loss of temporary or baby teeth,

Loss of the first permanent molar,

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Adenoids and infected tonsils,

Loss of permanent teeth,
Lack of exercise—by not chewing hard, coarse foods or by not chewing properly.

REASONS CAUSING MAL-OCCLUSION

Time will not permit me to go into detail regarding these various habits and the effect they have upon the development of the brain, face and jaws of your children, but I would like to bring to your attention some of the most prevalent causes of malformation.

In a great majority of cases, mal-occlusion of the teeth could be prevented if parents were not so ignorant of the factors which cause them. So many times a habit is contracted in childhood from which we suffer all our lives. A pretty baby oftentimes develops into a very unattractive grown-up on account of the symmetrical lines of the face being destroyed by mal-occlusion. The most common habit which brings about mal-occlusion is thumb sucking. I feel sure this would not be permitted if it were known that this habit frequently results in a receding chin, and a receding chin is popularly known to indicate a weak character. Other pernicious habits like the pacifier, sucking the lips and the tongue, bring about malformation of the jaws. It is hard to realize that these little jaws are so soft and pli-

able, that if a child has been accustomed to mouth breathing, the constant tension of the muscles against the bones of the face is enough to deform them. As these bad effects are not always apparent in the baby teeth, but do appear in the permanent teeth, it is difficult to make mothers believe that any harm is done.

Another important fact which I wish to bring home to you is the failure to provide hard, coarse food for your children. The jaws must be exercised in order to make them grow. If you sat down all day and never used your feet, you would find that after a time you could not walk. You would have made your feet useless by not using them, and it is so with the jaws. Feed a child continuously on soft, pappy food, the jaws are not called upon to exercise or do any work and so do not grow or develop. With the growth of the jaws comes the development of the whole head which includes the face and brain. A child who is not called upon to exercise his jaws has no brain development and the child in consequence is mentally deficient. So you see that there are many ways in which you must help Nature carry out her perfect system of growth and development.

Now, back of the temporary or baby teeth, between the ages of five and seven years we find erupting the first permanent molar. There are

four of these large, important teeth, one each side of the upper jaw, and one on each side of the lower jaw. Because of their early appearance, they are frequently mistaken for temporary teeth and so are permitted to decay, due to the false notion that they will be replaced. These first permanent molars are the largest and most important teeth in the mouth and, unfortunately, the most neglected.

I cannot emphasize too strongly the importance of keeping these four teeth in good condition if you would have for your child a strong, healthy set of teeth later on in life.

Their influence is so great, that in the dental profession these first permanent molars are called the "Keystone of the Dental Arch." If this first permanent molar is lost, or for some reason fails to erupt, then the whole dental arrangement is upset. The teeth behind this tooth tip forward so that they can be of little use in mastication, and the teeth in front move in and back, changing the whole contour of the face.

During the change from temporary teeth to permanent teeth, these first permanent molars are for a considerable period the sole reliance for chewing and masticating the food. Children whose first permanent molars have been neglected until they are badly decayed, usually have bad digestion, headaches and are very nervous. This is all

due to imperfect mastication as well as to mal-occlusion.

I wish to impress upon you a few important facts with regard to this first permanent molar:

It is the sixth tooth from the median line of the face and is a permanent tooth.

It appears at six years of age, just back of the second baby molar.

It displaces no temporary or baby teeth.

Once lost it can never be replaced by another tooth.

Misunderstanding is the chief cause of the neglect of this most important tooth.

Now, how are we to save these four important teeth?

Place your child under the dentist's care at an early age. When the dentist discovers a small cavity, have it filled at once. The action of decay is so rapid that the nerve is exposed before you are even aware that there is any danger. To fill a small cavity in a first permanent molar takes but a short time and is absolutely painless. A small filling will prevent further decay. Follow the instructions of your dentist and the dental hygienist as to the care of the mouth. Never allow your children to retire at night without brushing the teeth. Teeth are more subject to decay while you sleep because the mouth is inactive and the germs are given an opportunity to grow.

Mouth care in the morning consists of brushing the teeth before breakfast with clear water, and after each meal

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with paste or powder followed by the use of dental floss and a lime-water mouth wash. When this rule of mouth care is carried out and is supplemented with a sensible nourishing diet, and occasional prophylactic treatments, a mother has secured for her child the greatest health insurance possible: a clean mouth and sound teeth.

Now in order that you may know something about the tooth brush drills such as we teach your children in our public schools, I am going to demonstrate it for you and you may thus get an intelligent idea of just how it is done and so assist your children in doing it properly at home.

Just in passing, I would like to suggest that you display a little enthusiasm and interest in the use of the tooth brush in order to teach the children the great benefits derived from its daily use. The tooth brush, when all is said and done, is a *habit*,—a splendid, clean habit. Train children in the habit.

It will save you many an anxious hour of worry over the growth and development of your children. In our work with them we find they open up like flowers to the least bit

of encouragement and they respond so readily to any and all suggestions that it is a joy to work among them.

There are many ways of using the tooth brush, but the method adopted in the New York Public Schools is the rotary tooth brush method as we believe it to embrace all the good points of the many others.

Before the drill we have the class stand, heels together, heads erect, shoulders back, eyes front, tooth brush in right hand. Before the drill they repeat the following lines, as it impresses upon them just what they are doing and why they are doing it:

Four times, four times, every day,
We must brush the food away,
From our teeth all in a row,
Ten above and ten below.

Watch our brush the way it sweeps,
Making circles on our teeth,
Outside, inside, in between,
Till no speck of food is seen.

"Clean and sweet and pearly white"
Is our slogan day and night,
How can this be done, you say?
Watch our tooth brush show the way!

Then follows demonstration of rotary tooth brush drill; use of lime-water mouth wash is explained and dental floss instructions given.

Editor ORAL HYGIENE:

Please send ORAL HYGIENE to me at this address. I have always enjoyed reading it and can't "keep house" without it.

W. S. BATES, D. M. D.

Liberty Building,
Fremont, Ohio.

EDITORIAL

REA PROCTOR McGEE, D.D.S., M.D., *Editor*

212 Jenkins Building, Pittsburgh, Pennsylvania

The Editor welcomes manuscripts and will take best possible care of any submitted, but cannot be held responsible for them. Manuscripts should be accompanied by self-addressed stamped envelopes. Typewritten manuscripts are preferred and should be double-spaced and written on one side of the paper only.

Los Angeles, 1922



CALIFORNIA in July is a wonderful place—just warm enough and just cool enough to make the weather right for the greatest meeting of the National Dental Association.

Every member should take a personal interest in the meeting this year.

Every delegate should be instructed by the members of the societies which he represents.

Just bear in mind the fact that whoever you are, and wherever you live, your interests are placed in the hands of the nine trustees who run the N.D.A. fifty-one weeks out of the year. Your delegates will vote for the three who are to be elected.

A new president is to be elected. Have you, as a member, ever been consulted as to who shall have the very high honor of being president of the National Dental Association? I have been a member for a number of years and nobody has ever consulted *me*. Don't you think it would be a good plan to have the secret politics of the Association discontinued?

If you do—just tell your delegates whom you want *in* and tell them very plainly whom you want *out*.

Make a clean sweep every so often—even good men grow stale if they hold a job too long.

Go to Los Angeles and register yourself and your ideas.

Itinerants



WHEN the Sagas were sung in the Northlands the visits of the singers to castles were the most important educational events of the long winters.

When the troubadours of France walked from village to village and province to province, chanting their stories of battle and intrigue, victory and defeat, history and intrigue, they were the living ancestors of our newspapers and magazines.

The pioneers of the waste places of the earth have welcomed the presence and the teachings of the itinerant preacher. The tradition of all of these and their kind has been, in the main, a genuine enthusiasm for their work and an unselfish desire to benefit and entertain their hearers.

Through the long years of the past our ancestors have developed our inheritance of interest in the message of the traveler.

This stimulation of interest between the stranger and the home-town crowd is mutual. The stranger within the gates can get by with a bigger story if he wishes to do so than he would ever attempt in the place from whence he came, and if he confines himself

to plain facts he can create more interest as a visitor than he ever could as a resident.

All of this is as it should be; if it were not so, the spread of human knowledge would have been much less rapid.

With all of your literary advance, the average mind—yes, even the super-average mind—is more impressed by the spoken word than by the written word, simply because the sense of hearing requires less energy and less mental effort than the sense of sight requires for the assimilation of the same amount of knowledge.

The most hopeful factor in dentistry today is the keen desire for professional advancement—advancement in technical skill, in scientific studies and in business efficiency.

One of the results of this demand has been innumerable itinerant lecturers, who go from town to town giving special courses upon any subject that they can get the local groups of men to pay for.

Some of these lecturers have really been well prepared for their work and have the ability to impart their knowledge. With these there is no argument; they are a benefit to their profession. Others who may, or may not, be capable of teaching post-graduate classes are sometimes so anxious to impress their hearers with their own scientific erudition that they make a very difficult subject out of an easy one and simply discourage men who should receive a benefit for the time and money expended.

Then there are some who depend solely upon the "gift of gab" to get by and mulct their fellow practitioners of their hard-earned cash.

Our colleges are now offering reasonably good post-graduate courses. In those cases, where there are unusually capable members on the faculty, the post-graduate courses are very good.

Local study clubs are being formed all over the country. They are doing splendid work.

Independent teachers in many centers are staying at home and students are traveling from all over the country to take their courses, which, in many instances, are the best of all.

Something must be done with the incapable itinerant. My suggestion is that every man who wishes to travel about giving so-called courses for a fee should be required to appear before the State Board of Dental Examiners of the state in which he lives, and show, by a rigid examination, that he knows what he is talking about.

If the candidate successfully passes this examination he should receive a certificate of recommendation to other state boards, and upon their endorsement, he should be allowed, through the secretaries of the local societies, to recruit his class.

The incompetents and those with secret processes will strenuously oppose any plan for the regulation of traveling teachers. The men who are paying the fees, however, would like to know that they are to get a first-class course when they pay a first-class price.

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He *may* print it—but he won't send it back!

"What does young Bjinks mean by sending me one carnation a day, right along?"

"Why, don't you know? He's saying it with flowers, and he stutters."

"Babies are being born in New York with long arms now."

"Why?"

"So that they can reach their mamas' skirts."

Pleasant Polly (entertaining big sister's beau): "Oh, Adolphus, guess what father said about you last night!"

Adolphus: "I haven't an idea in the world."

Pleasant Polly: "Oh, shame! You listened."

"Jack, before I promise to marry you, you will have to promise me that you will stop shooting craps."

"What has that to do with our marriage?"

"Those little things have a right to live, and I wouldn't marry a murderer."

Chan.: "Did you pick up any Spanish down there?"

Jack, just back from South America: "No. They're not what they're cracked up to be."

"If I should steal a kiss would it be petty larceny?"

"No; it would be grand."

Old Lady (to newsboy): "You don't chew tobacco, do you, little boy?"

Newsie: "No, mum; but I kin give yer a cigarette if you want one."

"Is this hotel on the American or the European plan?"

"European, sir."

"All right; give me a Scotch whisky."

Chan.: "Are you married?"

Ruth: "That's my business."

Chan.: "How's business?"

Hotel Guest: "Has Mike Howe registered here?"

Clerk: "What do you think this is, a stable?"

"Jack wanted to kiss me last night," she told her girl friend. "How do you know he did?" "Because he wouldn't have done it if he hadn't wanted to."

Jack: "They have machines now that can tell when a man is lying. Ever seen one?"

Chan: "Seen one? Lord, I married one."